U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing. Name David M Schmidt P.O. Box, Bldg., Room No., if any	2. Fiscal Year Covered From: 1				
Name David M Schmidt P.O. Box, Bldg., Room No., if any	4. Name, file number, and address of labor organization. Name IBEW Local Union 639				
Name David M Schmidt P.O. Box, Bldg., Room No., if any	Name IBEW Local Union 639				
P.O. Box, Bldg., Room No., if any	Seminario de la companio de la comp				
	Labor Organization File Number 025-310				
200 00000000000000000000000000000000000	P.O. Box, Building and Room Number, if any				
Street 6363 Edna Road	Street 6363 Edna Road				
City San Luis Obispo	City San Luis Obispo, CA				
State California ZIP Code + 4 93400	State California ZIP Code + 4 93401				
5. Position in labor organization. Executive Board Member					
A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.				
P.O. Box, Bldg., Room No., if any	7.b. Amount.				
Street					
City					
State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
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Name of Person Filing David Schmidt		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name NONE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizati b. Trust c. Employer	ion	-
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	ng.	entergraphymical systems of subject to the subject
Name SLO Joint Apprenticeship Training Trust Trade Name, if any: SLO JATC P.O. Box, Bldg., Room No., if any	n/a		
Street 6363 Edna Road	11.b. Approximate dollar value	e of such dealing.	şo
State California ZIP Code + 4 93401	12.a. Nature of interest held Reimbursement for t National Training I	ravel-related exp	
	12.b. Amount.	9 ye 191.	\$111
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	to an an analysis of the second second second second second second	Photo Mark of the Commercial African Company of the Special Agency of the Commercial Com
Name Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			Active Control
The second secon	!		
Street	:		
State ZIP Code + 4	,		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		
10.0. 15 the pushless an employer of Consultant ?			

Name of Person Filing David	Schmidt	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	-	
Name NONE	(m) a Labor Ormanination		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street	c. Employer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name SLO Labor Management Cooperation Committee	n/a	communication control to temporary familiary and control contr	
Trade Name, if any: SLO LMCC		\$330-101 haddauer	
P.O. Box, Bldg., Room No., if any		TO THE PARTY OF TH	
Street 6363 Edna Road			
City San Luis Obispo 4		and the second s	
City San Luis Obispo 4			
State California ZIP Code + 4 93401	11.b. Approximate dollar value of such dealing.	\$0	
	12.a. Nature of interest held or income received.	**************************************	
	Reimbursement of fee for Californi Electrical Certification exam	a State	
	blectical celtification exam	the Walter Property of the Control o	
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		- Common al Andrew	
		Pools A promoted as a principal of the control of t	
		The second secon	
		teamteraterr.	
	12.b. Amount.	\$175	